

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>	10/572872
	<b>Filing Date</b>	03-21-2006
	<b>First Named Inventor</b>	Per Broberg
	<b>Title</b>	ELASTIN PEPTIDE FINGERPRINTS AND ANALYSIS M
	<b>Art Unit</b>	1652
	<b>Examiner Name</b>	Kosson, Rosanne
	<b>Attorney Docket Number</b>	100924-1P US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on January 14, 2010.

**SIGNATURE of Applicant or Assignee of Record**

Signature	/Carol A Loeschorn/	Date	January 14, 2010
Name	Carol A Loeschorn	Telephone	781-839-4002
Title and Company	Director Patent Operations, AstraZeneca AB Boston		

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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